

FOR LINE NUMBER:  
(check only one)

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
**Friends of Dave Joyce**

### A. CMDI

Date of Disbursement

Amount of Each Disbursement this Period

001

Category/  
Type

Transaction ID : B-E-6055

Full Name (Last, First, Middle Initial)

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

State:  District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only) .....

0.75

149900.49